

**63-035059**

STATE FILE NUMBER

**AMENDED**

38

**Registrar's No.**

678

FILED OCT 10 1963

VS 300  
Rev. 4/59

**DATE AMENDED**

**INSTEAD OF**

### SHOULD READ

ITEM NO.

**DOCUMENT**

## MEDICAL CERTIFICATION

**BY AFFIDAVIT OF**

**USE BLACK INK.**



## TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Missouri</b>		c. CITY OR TOWN <b>Rocheport</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 miles East Route I Rocheport</b>		d. STREET ADDRESS (If outside, give location) <b>1 1/2 miles east of</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alvin Jackson Coleman</b>		4. DATE OF DEATH Month Day Year <b>10 6 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/9/1882</b>
9. AGE (last birthday) <b>81</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Kokomo, Ind.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Warren Jesse Coleman</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Utterback</b>	
14. NAME OF HUSBAND OR WIFE <b>Abbie Coleman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Abbie Coleman Rocheport, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Cerebral vascular</b> DUE TO (b) <b>"</b> DUE TO (c) <b>"</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one month</b> <b>6 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>none</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 1953</b> to <b>10/6/63</b> and last saw him alive on <b>10/4-63</b> . Death occurred at <b>10/15/63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Mr. J. Shanley M.D.</b>		22b. ADDRESS <b>Jayette Mo</b>	
22c. DATE SIGNED <b>10/7/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10/8/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rocheport Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Rocheport, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Richard A. Reeves Columbia, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Oct 7, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard A. Reeves*

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.